Getting to Outcomes (GTO) in Different Contexts

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What is Getting to Outcomes (GTO)?

- A method for planning, implementing and evaluating programs in order to achieve success.

- Based on 10 empowerment evaluation and accountability questions

- Provides tools, worksheets, and resources for planning, implementation, and self-evaluation.

- Available at no cost at: http://rand.org/publications/TR/TR101/

1999 and 2004 Getting to Outcomes
Wandersman, Imm, Chinman & Kaftarian, 1999;
Chinman, Imm & Wandersman, 2004
Empowerment Evaluation

Evaluation approach that aims to increase the probability of program success by:

- Providing program stakeholders with tools to assess planning, implementation, & self-evaluation of their program
- Mainstreaming evaluation as part of program/organization’s planning & management

*Empowerment Evaluation Principles in Practice, Fetterman & Wandersman, Guilford Press, 2005*
Empowerment Evaluation System Model

Empowerment Evaluation Principles:
1. Improvement
2. Community ownership
3. Inclusion
4. Democratic Participation
5. Social justice
6. Community Knowledge
7. Evidence-Based Strategies
8. Capacity building
9. Organizational Learning
10. Accountability

To Achieve Desired Outcomes + Current Level of Capacity = Actual Outcomes Achieved
What is Accountability?

- The concept of *accountability* is critical to understanding GTO.

- GTO defines *program accountability* as the “systematic inclusion of critical elements of program planning, implementation, and evaluation to achieve desired outcomes”.

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Common Pitfalls of Program Implementation

Shoot → Aim → Ready

Implement → Plan → No Results

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Good Program Implementation

Ready
Plan

Aim
Implement

Shoot
Results

Hit

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GTO Process

- #1 Needs/Resources
- #2 Strategic Goals
- #3 Best Practice
- #4 Fit
- #5 Capacities
- #6 Plan
- #7 Implementation/Process Eval
- #8 Outcome Evaluation
- #9 CQI
- #10 Sustainability

Board Partnership

Organization/Collaboration
GTO as a Painter’s Palette

1. Needs/Resources
2. Goals
3. Best Practices
4. Fit
5. Capacities
6. Plan
7. Implementation Process Evaluation
8. Outcome Evaluation
9. Improve/CQI
10. Sustain

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What are the underlying needs and conditions that must be addressed?

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What are the goals, target population, and objectives (i.e., desired outcomes)?

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What science (evidence) based models and best practice programs can be used in reaching the goals?

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What actions need to be taken so the selected program “fits” the community context?

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What organizational capacities are needed to implement the program?
What is the plan for this program?

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Is the program being implemented with quality?

How well is the program working?

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How will continuous quality improvement strategies be included?
If the program is successful, how will it be sustained?

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GTO Ties It Together For Success

GTO Process: Tying It Together For Success

#1 Needs/Resources
#2 Goals
#3 Best Practices
#4 Fit
#5 Capacities
#6 Plan
#7 Implementation Process Evaluation
#8 Outcome Evaluation
#9 Improve/CQI
#10 Sustain

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You Already Know More About GTO Than You Might Think

- GTO is not all new to you.

- The concepts in the material are things that you have probably been hearing about for a long time.
The CUSTOMIZATION of GTO
Customizing GTO for Promoting Science Based Approaches to Teen Pregnancy

- Prevention research in teen pregnancy & adolescent sexual health is strong
- There are over 50 teen pregnancy prevention, HTI and STI prevention programs
- Not all these programs are available publicly or packaged for easy use by local prevention practitioners
- To encourage broader use of available science based programs and approaches, CDC initiated the Promoting Science-based Approaches to Teen Pregnancy (PSBA)
Customizing GTO for Promoting Science Based Approaches to Teen Pregnancy

- PSBA is a 5 year project (3 Nationals, 4 RTC’s, 9 states)
- Uses raw material including easy to read summaries of Science based Programs and trainings on importance of using Science Based approaches (SBA’s)
- However, elements needed to promote SBA and increase capacity of local providers not yet synthesized or translated into single process that links all SBA elements
- PSBA project adopted GTO and created a customized accessible and comprehensive manual called PSBA-GTO
- Describes a clear succinct process for delivering teen pregnancy prevention programs using a SBA
Customizing GTO for Promoting Science Based Approaches to Teen Pregnancy

- Examined Multiple Other Frameworks
- Decided to use GTO framework for PSBA
- Contracted with GTO developers to create a customized product
- Created PSBA-GTO Manual for use by locals, States, RTCs, and Nationals
  - Developed grantee (TA Provider) training on the use of PSBA-GTO for locals
Customizing GTO for Promoting Science Based Approaches to Teen Pregnancy

- Developed grantee evaluator training on the use of PSBA-GTO for TA Providers
- Field Testing Manual with support of grantees
- Creating PSBA-GTO TA Provider Guide to use in tandem with PSBA-GTO manual – with leadership by National Grantees
- Creating PSBA-GTO Booster Trainings led by National Grantees
The USE of GTO
Using GTO to Prevent Skin Bleaching Practices in Tanzania
Background about Tanzania

- More than 100 ethnic groups - mostly Bantu origin
  - Strong Arab influence
  - Asians = significant minority esp. in towns and cities
  - Europeans (either by descent or expatriate) = smaller minority
  - Maasai (Nilotic speakers) = Major non-Bantu on mainland; inhabit northeastern section of TZ

- Swahili and English = official languages
- Christianity and Islam = main religions
  - Hindus - 1/4 of population
  - Traditional African Religion also practiced
In Tanzania, there’s widespread idealized beliefs that lighter/whiter skin = better than darker skin

- Darker skin considered more unattractive, threatening, powerless, and lower class
- Effort to look more European in color, more “fair”, “shine” and “clear-skinned”
- These beliefs portrayed in both Tanzanian and Western media accessed in Tanzania
Tunaweke:
- Curl
- Relaxer
- Steaming
- Bleaching
- Setting
- Kusuka Rasta
- Kupamba Maharusi
NI FRESHI, NI POA, NI YAKO

sweet menthol
SM

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Mmoja wao ana virusi vya Ukima

Huwezi.

Subiri au tumia kondom kila wakati. Isba

AIDS

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Result = Skin Bleaching

- Widespread idealized beliefs that lighter skin is better than darker skin theorized to produce feelings of inferiority, poor identity, low self-esteem that is reflected in bleaching of skin.
What is Skin Bleaching?

- “Skin Bleaching” is the cosmetic use of skin lightening products for the purposes of lightening one's skin tone.
- It is a common practice in North, West, & Southern Africa.
- Observed skin bleaching in East Africa through only one known empirical study (Lewis, 2004) conducted on this topic in Tanzania.
How is Skin Bleaching Practiced?

- Apply skin bleaching cream containing mercury, lead, glucocorticoid, hydroquinone concentrations b/t 4%-8.7% to entire body
  - OR
- Combine a number of bleaching creams containing mercury, lead, glucocorticoid, hydroquinone concentrations b/t 4%-8.7% with toothpaste and bleach and then apply to entire body
  - OR
- Leave to dry for 8-10 hours; do for 1-2 wks
  - OR
- Ingest skin bleaching pill
# Skin Bleaching Branded Products

<table>
<thead>
<tr>
<th>Active Substance</th>
<th>Branded Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydroquinone</td>
<td><strong>Skin Light</strong>, <strong>Niuma</strong>, <strong>Top-tone</strong>, <strong>Sivoclar</strong>, <strong>Fair White</strong>, <strong>Peau Claire</strong>, <strong>Immediat Clair</strong>, <strong>Clairliss</strong>, <strong>Black Star</strong>, <strong>Body Clear</strong></td>
</tr>
<tr>
<td>Mercury Salts</td>
<td><strong>Niuma</strong>, <strong>Rico</strong>, <strong>Sukisa Bango</strong>, <strong>Idole</strong>, <strong>Jaribu</strong>, <strong>Movate</strong></td>
</tr>
<tr>
<td>Caustic Agents</td>
<td><strong>Liquid soaps</strong>, <strong>hydrogen peroxide</strong>, <strong>salicylic preparations</strong>, <strong>bleach</strong>, <strong>lemon juice</strong>, <strong>toothpaste</strong></td>
</tr>
</tbody>
</table>
Prevalence of Skin Bleaching in Africa

- Empirical research today suggests that skin bleaching is common practice in dark-skinned adult women who originate from, or live in Sub-Saharan Africa:
  - 25% adult women in Bamako Mali reported to use skin bleaching products (Mahe et al, 2003)
  - 59.8% women (ages 30-39) in Lusaka Zambia reported to use skin bleaching products (Giudice, 2002)
  - In Dakar Senegal non-medical retailers of these products can be found in every neighborhood
Health Risks of Skin Bleaching

- Skin bleaching shown to cause health risks including:
  - nephritic syndromes
  - exogenous ochronosis
  - peripheral neuropathy
  - dermatophyte infections
  - unusually extensive and severe scabies
  - severe acne
  - eczema
  - irritant dermatitis
  - dyschromia
  - skin cancer
  - infertility

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Using GTO to Prevent Skin Bleaching Practices in Tanzania

- investigated psychology of skin bleaching using surveys, interviews, photovoice, case studies, and PAR (Lewis, 2004)
- Identified need to design/disseminate emancipatory education on risks of skin bleaching
- With little research on skin bleaching in Tanzania, became evident that existing empirically-validated, culturally sensitive participatory planning, implementation, and evaluation framework was necessary to support successful/judicious dissemination of health risk information on skin bleaching
- identified CDC adopted Getting to Outcomes (GTO) model/framework - empirically validated, culturally sensitive, prior utility in similar domains of public health
- Established formal partnership with Tanzania Food and Drug Authority
Using GTO to Prevent Skin Bleaching Practices in Tanzania

- Seeking funding to support the development of an education initiative using the 10 GTO steps with Tanzania Food and Drug Authority (TFDA)
- Will form a GTO workgroup that supports the use of GTO to develop an education initiative on skin bleaching prevention by walking thru 10 steps
- Will provide Technical Assistance to TFDA around use of GTO to develop education initiative
- Will develop trainings on the use of PSBA-GTO for TFDA staff and local workgroup partners
- Will create GTO Booster Trainings led by Dr. Lewis in partnership with Tanzanian partners
GTO for Community-Based & Community Driven Programs

....especially in the Rural Southeast

- Comprehensive, Systematic & Logical
- Empowering
- Contains critical elements of effective programming
- Can be useful at any stage of your work
- Promotes cultural competence
- Links needs, goals, and program strategies to desired outcomes
- Requires community involvement and ownership at every stage of planning, implementation, and evaluation of programs, collaboratives, coalitions, etc.
Can **customize** GTO for your public health/education domain
- into the steps
- making new examples
- customizing tools, creating new tools, and worksheets
- creating new and relevant examples

Can **use** GTO for your public health/education domain